PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/596,694			ing Date 20/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	\neg	N/A	LD NO	N/A		N/A	TEE (a)	i	N/A	TEE (0)
┢	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))	N/A						ł		
౼	(37 CFR 1.16(k), (i), (ii)		N/A		N/A N/A		N/A		ł	N/A	
	(37 CFR 1.16(a), (p), (TAL CLAIMS		minus 20 =		N/A		N/A x s =		OR	N/A x s =	
INE	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ı	x \$ =		OK	x s =	
(37	CFR 1.16(h))	If the	If the specification and draw		ne overed 100	ı	A# -		ı	^* -	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CF								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL	
	APPI	OED - PART II	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
AMENDMENT	05/12/2008	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)	Γ	RATE (\$)	ADDITIONAL FEE (\$)
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	Total (37 CFR 1.18(i))	• 16	Minus	~ 20	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	3	= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.1601)		Minus			i	x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))		Minus	***	-	1	x \$ =		OR	x s =	
Ξ.	Application Size Fee (37 CFR 1.16(s))								1		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.											

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